



Now & THEN

STILL NATIONAL OSTEOPATHIC MUSEUM

NATIONAL CENTER FOR OSTEOPATHIC HISTORY

INFLUENZA PANDEMIC CHALLENGED THE OSTEOPATHIC PROFESSION

Information about pandemics (global epidemics), plagues, and epidemics can be found documented in historic records and personal writings since ancient times. Occurring at a rate of three to four each century, these health tragedies have diminished populations time and again throughout the world.

Survivors have immortalized these deadly diseases with names that reflect either the most notable symptom of the illness, location of its origin, or current ruler. During the past 2,500 years, some names that have been coined include Peloponnesian War disease, Antonine Plague, Justinian Plague, Black Death, Red Death, Cholera, and Asiatic Flu.

A grim reality is that almost every generation has had the opportunity to add a name to an ever growing list of killer diseases. The early twentieth century was no exception, and soon the members of the young osteopathic profession had their first face-to-face encounter with a pandemic event – a killing flu. Due to the speed of its transmission and deadly results, they most likely faced the worst infectious disease ever known to humankind.

Walk any 20th-century cemetery in the world and you can find evidence in the form of gravestones from this viral scourge that killed at least 40 million people from 1917-1919. Recent research suggests that up to 100 million may be a more accurate number of those who died. The deadly flu was given many names at first:

Purple Death, Purulent Bronchitis, Three-Day-Fever, La Grippe, Flanders Fever, Blitzkatarrh, Sandfly Fever, and of course the “Spanish Flu,” which incorrectly identified Spain as the flu’s origin.¹



Students from the Class of 1918, seen studying in a laboratory. The American School of Osteopathy permitted students to miss class in order to assist with the pandemic. Donor: AOA [PH1125]

During the First World War, there was a blackout of information from the combating countries. Spain, not being involved in the conflict, remained open in its news about the deadly effects that this newly identified disease was having on its country. With approximately 8 million Spaniards ill from the disease, Spain was identified as the source and became the namesake for the pandemic. As the death toll mounted from

the disease, Spain became off-limits for visitors, and the country could not shake being tied to the pandemic known worldwide then and today as the “Spanish Flu.” Spanish officials had vehemently denied that their country was to blame for this malady and identified France as the origin of the “killer flu.”² Was France indeed the origin?

John Oxford, a professor of virology at St. Barts and the Royal London Hospital, has spent a good bit of time researching the Spanish Flu. His work has led to evidence that traces the Spanish Flu to Northern France to a specific place known as Etaples. Doctors during that time noted an unusual feature of the flu disease that spelled grave danger. Those patients who developed a lavender-gray hue over their face and ears, or heliotrope cyanosis

(deprivation of oxygen to the lungs) as it is called, faced imminent death. In the winter of 1916/1917, Etaples pathologists described a disease-like flu that ended in heliotrope cyanosis and death. John Oxford believes the weight of evidence points toward Etaples as a hotbed for viral evolution that produced the 1918 strain of flu.³

Etaples was a huge army camp of 100,000 soldiers, almost the size of a city. The well and wounded moved through the camp daily. There is evidence that soldiers bought live geese, chickens, and ducks from the local French markets. Crucially, there existed ample opportunities for a flu virus to move from bird to soldier. In addition, there were piggeries installed at Etaples. These animals could also have been intermediaries, although recent genetic analysis of the 1918 virus shows it to be largely of avian origin. John Oxford believes it is important we learn some lessons from the flu pandemic of 1918 because it's certain to happen again.⁴

The mix of people, animals, and human diseases confined together in the army encampment was an unsanitary arrangement. Similar conditions exist today in poorer areas of the world, where so far the only human outbreaks of a similar virus to that of the 1918 strain have occurred. Like the conditions found in WWI, developing countries often provide the same kind of deadly combination of sickness with close proximity to livestock that could create a change in the common influenza. When this change occurred in 1917, the disease raged over the world for two years. More soldiers died from the flu in their trenches than from the effects of the war itself, and sickness grew so great between both sides that it stalled the war effort – effectively ending the conflict.⁵ Returning soldiers ill with the flu brought the disease to their homelands, and this flu spread quickly across the globe including the shores of the United States. So how was this new flu strain different from the flu cases diagnosed in the past?

Spanish Flu – Purple Death, no matter what they called it, the virus attacked everyone similarly. It started like any other influenza case, with a sore throat, chills, and fever. But, instead of getting better after a few days as was expected, the patient would get worse. Then came the deadly twist: the virus ravaged its victim's lungs. Sometimes within hours, patients succumbed to complete respiratory failure. Autopsies showed hard, red lungs drenched in fluid. A microscopic look at diseased lung tissue revealed that the alveoli, the lungs' normally air-filled cells, were so full of fluid that victims literally drowned. The slow suffocation

began when patients presented with a unique symptom: mahogany spots over their cheekbones. Within hours, these patients turned a bluish-black hue indicative of cyanosis, or lack of oxygen. When triaging scores of new patients, nurses often looked at the patients' feet first. Those with black feet were considered beyond help and were carted off to die.⁶

Another aspect that made this influenza especially baffling to healthcare workers was that it attacked healthy, strong adults most often. Normally, flu is only life-threatening to the elderly, young children, and people with compromised immune systems. Many adults become sick, but very few die. Spanish Flu turned the tables on this anticipated pattern.⁷ Dealing with the huge numbers of dead was problematic, and many victims were unceremoniously bulldozed into open pits for burial.

With Dr. A.T. Still deceased, his great nephew, the American School of Osteopathy (ASO) vice president, Dr. George Still, took charge to care for the sick and prevent the spread of the deadly Spanish Flu in Kirksville. In the midst of this pandemic, Dr. Still was highly critical of what he witnessed as poor treatment choices by allopaths.

The country finds those very people who ought to know most about sanitation, that is the Medical Doctors breaking every rule of the laws of sanitation in preventative medicine. ... in this day and age it seems little short of criminal for anybody to voluntarily expose surgical cases to contagious diseases, particularly that most contagious disease influenza. ... Every teaching in history tells us that we should isolate them [patients], and yet nearly every medical hospital in America took in some of these cases, and always with bad results. ... We would no more accept a "Flu" case inside a surgical hospital then we would accept a smallpox case, and we have provisions always for handling any contagious cases that might occur accidentally, in the hospital.⁸

Dr. George Still was firm in handling the flu cases to prevent spread of flu and was unwavering in limiting visitation and isolating patients and staff who showed symptoms of flu.

They were either isolated at home or in the contagious hospital, which is a separate building from the regular hospital, and the doctors and attendants in the contagious hospital were

not allowed to mix with those in the surgical hospital.⁹

From the osteopath's point of view, the allopaths or M.D.s offered the wrong treatment.

To offset the high temperature, which was largely due to the hypostatic condition, the use of aspirin and [kindred] drugs was naturally resorted to with gratifying results in so far as the temperature was concerned; but as the lowering of the blood pressure counteracted nature's efforts to correct the secretory disturbance, the patient was left to drown in his own secretions.¹⁰

Osteopathic manipulation was used extensively by D.O.s to treat patients. One D.O.'s method of using manipulation to heal victims of the disease was outlined in the *Journal of Osteopathy* from July 1919.

To treat the Flu osteopathically is to inhibit mechanically, by relaxing the muscles along the spine, gently but persistently, with deep pressure over its entire length, preferably with the palms of the hands, with special inhibition in the suboccipital fossa, the area of the fourth, eighth, tenth ... and eleventh dorsal inclusive. When there is edema of the lungs the muscles employed in respiration should receive special attention.

As [hydrotherapy], dietetics, and hygiene are public property, an osteopath need have no compunction in keeping the eliminating organs well flushed and limiting his patient to a liquid diet during the run of temperature, by the easiest means possible; as such is his right and prerogative. I am convinced that hundreds of cases observed from the straight Osteopathy, if given at the outset, would have arrested the progress of the disease at a very early stage and left the patient strong without sequelae.¹²

At the height of the flu epidemic in Kirksville, there was an additional facility to keep the flu victims contained that was separate from Dr. George Still's contagious hospital. Many of the cases could not receive the care at home that was necessary to save lives. A meeting was called by officers of the Red Cross, members of the county court, and other citizens of the community. They established the Municipal Red Cross Contagious Hospital with Tom Ashlock, D.O., of the ASO Hospital placed in charge. In less than 24 hours after this meeting, the

Milbank property that had been used as a chapter house by the Theta Psi fraternity was completely equipped and four patients had been admitted.¹²



The Theta Psi fraternity house was turned into the Red Cross Contagious Hospital on November 16, 1918. It operated for one month during the height of the pandemic in Kirksville.

Source: Osteoblast 1917

The Red Cross Contagious Hospital was a community effort and was assisted by a large number of businesses and professionals who generously donated time and materials to get the home converted to a hospital in a matter of hours. Medical students and the town folk offered assistance as nurses. Physical changes were made to the facility by builders and plumbers, and the community donated everything else – beds, bedding, and food. Even the utility company provided free light and heat to the newly opened flu hospital.¹³

Physicians of all schools (meaning D.O.s and M.D.s) were permitted to send patients to the Flu Hospital so that they might be treated by the methods of any of the different schools. The hospital opened on November 16, 1918, and closed one month later on December 16, having served the immediate need. A total of 36 patients were cared for during this time – 19 having pneumonia and 17 influenza. The patient ages ranged from two months to 78 years. All patients made a complete recovery except one child whose treatment did not begin right away. That child arrived at the hospital eight days after becoming sick, losing precious healing time, according to Dr. Ashlock. The child died at the hospital.¹⁴

The high recovery rate identified by the Red Cross Contagious Hospital was not unique to Kirksville. D.O.s around the world began reporting their successes in treating the flu. As a result of this information, the AOA asked

D.O.s to keep records so that statistics could be compiled on a national scale. In the end, 2,445 D.O.s sent in an AOA osteopathic survey, and of 110,122 cases of influenza treated by D.O.s, there were only 257 deaths. The mortality rate for patients seeing osteopathic physicians was only one-fourth of one percent. The reported death rate information from the allopathic statistics was 40 times higher than the osteopathic numbers. This information was of huge importance in giving credibility to the osteopathic profession and was promoted at a national level.¹⁵

Looking at the world today, we are overdue for a pandemic, based on historical patterns. Business and casual travel by planes provides easy access to all corners of the world in hours. This ease of movement across the world can make the transmission of the next pandemic as fluid as it was with the returning WWI soldiers from the last pandemic. The likely candidate for a disease that might cause the next pandemic is a bird flu strain called H5N1, which was first identified as infecting humans in Hong Kong in 1997.

Despite heavy culling of poultry in the millions, the virus keeps rebounding and traveling out from its origins in China. Too late, it has been discovered that ducks have acted as a silent reservoir for the H5N1 avian influenza virus, which is highly pathogenic for chickens, and may thus have acquired an important new role in the transmission of the virus to other poultry and, possibly, to humans as well. Ducks get ill but tend not to die from the virus, and are able to shed the virus in feces, saliva, and mucosal secretions for a period of 17 days after they are infected. So while scientists have been looking for the disease in chickens, the ducks have roamed everywhere, unrestrained, in practically every village in Asia, swimming in the ponds and lakes that nearly every creature around them uses for their water supply.¹⁶

With this in mind, it is not surprising that the virus has recently taken wing with migrating wild birds, and the disease has traveled to Asia, Turkey, Africa, and Europe. It is predicted that the virus will arrive in the United States, too. According to Homeland Security Secretary Michael Chertoff, "I can't predict, but I certainly have to say that we should be prepared for the possibility that at some point in the next few months, a wild fowl will come over the migratory pathway and will be infected with H5N1."¹⁷

The virus has infected birds in at least 39 countries – half of those in the past month (March 2006) – spreading all across Europe and reaching Egypt and West Africa, fuelling fears for the poultry industry and human health. Nearly 200 million domestic poultry have died or been culled in Asia since the first reports of the H5N1 virus outbreaks at the end of 2003.¹⁸

Presently, 115 human deaths have been linked to the virus, which has not evolved into a form that can be passed from human to human. However, with the virus being found in cats and rock martens that have fallen ill, it might mean the virus is adapting to mammals. This elevates the risk of H5N1 being transferred to humans. The longer the virus remains dormant in a mammal, without it getting sick or dying, the greater the risk of it also mutating into a more dangerous form.¹⁹

A recently developed drug to combat the flu is Tamiflu®. It belongs to a group of medicines called neuraminidase inhibitors. This medicine can shorten the duration and lessen the severity of the flu in some cases. A key ingredient used, shikimic acid, comes from star anise, which is the fruit of an evergreen tree that grows in China. These medications attack the influenza virus and prevent it from spreading inside the body. The United States and countries around the world are currently stocking reserves as a precaution against any deadly flu outbreak. Although success has been shown with this medication, at any point the virus could change, causing this treatment to be ineffective.²⁰

Also, scientists have succeeded in developing a process for creating a genetically engineered vaccine, using a purified protein from the surface of a virus called hemagglutinin (H) to trigger an immune response to specific strains of the virus. It would permit the creation of a vaccine in weeks compared to the current flu vaccines, which use chicken egg-based methods that take three to six months to produce.²² Because of the ever evolving nature of the virus, doctors and scientist are reviewing past pandemics in order to predict and make ready treatment vaccines for the pandemics yet to arrive.

The greatly higher success rate of flu treatment by osteopathic physicians (D.O.s) over allopathic physicians (M.D.s) suggests having osteopathic manipulative treatment as a line of defense in preparing for another flu pandemic.

Jason Haxton, Director

¹ Lynette Iezzoni, *Influenza 1918*, *TV Books* 1999, pp. 35-36.

² Sara Francis Fujimura, "The Purple Death," *Learning Through History*, 2005 November/December, pp. 49-51.

³ Kate Roach, "The Spanish Flu of 1918," 2003 March (Updated 2005 December), Channel 14, Science in Medicine. <<http://www.channel14.com/science/microsites/S/science/medicine/plague.html>>

⁴ Ibid.

⁵ "Spanish Flu." 1 Feb. 2006 Wikipedia. <http://en.wikipedia.org/wiki/Spanish_Flu>

⁶ Sara Francis Fujimura, "The Purple Death," *Learning Through History*, 2005 November/December, pp. 49-51.

⁷ Ibid.

⁸ George A. Still, "Keeping The 'Flu' Out Of A Surgical Hospital," *J. Ost.* 1918 Dec., pp. 700-701.

⁹ Ibid

¹⁰ J.S. Allison, "My Impression of the Flu," *J. Ost.*, 1919 July, pp. 389-391.

¹¹ Ibid.

¹² H.T. Ashlock, "Kirksville's Influenza Hospital," *J. Ost.*, 1919 Jan., pp. 8-9.

¹³ Osteopathy and Epidemic at Kirksville – Work In Homes and In the Red Cross Emergency Hospital," *J. Ost.* 1918 Dec., pp. 704-706.

¹⁴ H.T. Ashlock, "Kirksville's Influenza Hospital," *J. Ost.*, 1919 Jan., pp. 8-9.

¹⁵ "Influenza Deaths Unnecessary". *JAOA*, 1919 Nov., p. 115.

¹⁶ WHO - World Health Organization, "Domestic Ducks Could Pose a New Avian Influenza Threat, International Agencies Warn," 12 Nov. 2004, <http://www.who.int/mediacentre/news/notes/2004/np_domestic_ducks/en/index.html>

¹⁷ Associated Press, "U.S. Stepping Up Efforts to Fight Bird Flu," 9 March 2006. <<http://www.msnbc.msn.com/id/11741441/>>

¹⁸ Sumit Sharma, "India Starts Culling 900,000 Poultry to Curb Bird Flu," 19 Feb. 2006, Bloomberg.com. <http://www.bloomberg.com/apps/news?pid=10000087&sid=aghO1aujNiNE>

¹⁹ "Health Officials Concerned Over Bird Flu in Cats," 9 March 2006. <<http://www.msnbc.msn.com/id/11710674/from/RSS/>>

²⁰ Stephanie Watson, "How Tamiflu® Works," 13 March 2006. <http://health.howstuffworks.com/tamiflu1.htm>

²¹ Robert Preidt, "New Strategy Speeds Flu Vaccine Production," 16 Feb. 2006. <http://health.ivillage.com/infectious/inimmunize/0,,wbnews_8tb4fjhv,00.html>

MUSEUM DIGITALIZATION PROJECT

The Still National Osteopathic Museum and National Center for Osteopathic History is planning a digitalization project in hopes of preserving osteopathic history. The Museum, along with the German publishing house JOLANDOS, has created a listing of osteopathic books and 19th-century general medical books that will be scanned and placed in a searchable PDF format. At this moment, we are setting up and testing before we open this up to our researchers.

The idea is to take these books and make them available online to researchers. At the moment, those researchers who are unable to come to the museum or whose libraries don't have these books and journals must contact our research center to obtain photocopies.

At this time, the Museum would welcome additional funding for this project. ATSU and the Museum have invested \$7000 in preservation funds and would like to keep this project going so that every osteopathic journal and book not copyrighted is scanned for researchers. If you are interested in helping with a donation, please contact Museum Director Jason Haxton or Curator Debra Loguda-Summers at museum@atsu.edu

GUEST SPEAKERS



The Museum, in conjunction with the Undergraduate American Academy of Osteopathy, provided a lunch and campus-wide program at noon on February 21. ATSU President James McGovern spoke about the newly developing relationship with our European counterparts and introduced guests Christian Hartmann and Jean Marie Beuckels, D.O.. Seen in the photo is Christian Hartmann, European author and editor of D.O. books. Hartmann talked about his latest book "*An Illustrated Practice of Osteopathy 1908*", which features early images of OMM under the direction of Dr. A.T. Still. Also, European osteopath Jean Marie Beuckels outlined the education process and discussed the career opportunities for osteopaths in Europe.

PUBLIC PROGRAMS

In recent newsletters, the Still National Osteopathic Museum was excited to share the news of the Museums for America grant in the amount of \$104,000, with matching funds of \$104,000 of in-kind gifts from ATSU. The Still National Osteopathic Museum received this grant from the Institute for Museums Library Services to produce a project titled "The Healer Within You."

Our goal at the Museum is to educate the public about osteopathic history and principles. Typically our audience tends to be adults; this grant provides us with the opportunity to focus on children. The grant has provided funds to hire a curriculum writer to develop a high-quality health and science curriculum. The curriculum will be given first to northeast Missouri school districts, with the vision of disseminating them nationally. Besides developing curriculum, the grant is also providing funds to develop a website in which all the lessons will be available to schools at no cost. The website is currently under design. Upon completion we will share the web address in a future newsletter.

The website has opened the door for the Museum to work with an artist named Kate Sweeney. Her talent lies in creating medical illustrations from photographs of living individuals. She has a very unique art. As a precursor, local children volunteered to model for photos of kids engaged in various activities. Kate has subsequently received pictures of our local models and is currently working on the project. We look forward to sharing some of those images in future newsletters. Kate's unique and distinctive work can be seen at www.katesweeney.com.

The Museum is very excited about all the avenues that this grant has created. The Museum feels privileged to receive funds that help expand our focus of educating the public. The Museums for America grant is a launch pad for the future.

GRANTS

Applied for

- **Northeast Missouri Osteopathic Charitable Trust:** *Preservation of records from William Johnston, D.O. donation; personal and business papers, books, and personal artifacts; \$3,500*
- **Advocates for the AOA Special Project Fund:** *Preservation of records from William Johnston, D.O. donation; personal and business papers, books, and personal artifacts; \$3,500*

NEW AND UNIQUE

The Museum gift shop is offering several new products with our own designs.



A.T. Still Tote Bag – \$7.50

Looking thoughtful, the founder of osteopathic medicine is now on a practical and colorful canvas tote bag. This brightly colored portrait of A.T. Still was painted by Edmund F. Ward.



Toddler Bibs – \$9

Back by popular request are the toddler bibs containing the clever saying "Who's Manipulating Whom?" These bibs are perfect for the new D.O. of the family.



D.O. Umbrella – \$21

This is a one of a kind. With navy blue and white alternating panels, this unique umbrella features the signature D.O. caduceus and founding date of osteopathic medicine.

- **Northeast Missouri Osteopathic Charitable Trust:** *Technical support for National Center for Osteopathic History (NCOH) Researchers; \$758.60*

Awarded

- **Advocates for the AOA Special Project Fund:** *Digital scanning of handwritten and typed manuscripts from the Andrew Taylor Still Papers; \$2,025*

STILL-HILDRETH RECORDS PROJECT¹

In May 2000, when the Museum was offered a set of records from the first osteopathic psychiatric facility, we jumped at the chance. Although we had a small collection of promotional brochures, post cards, and similar material from the early years of the Still-Hildreth Osteopathic Sanatorium (SHOS), actual records are extremely rare.² Discovered among a batch of old files slated for destruction, the material consisted of more than 2,000 individual patient files from the earliest years of the SHOS – 1914 to about 1929³ – as well as a small amount of later material. These records promised to fill some of the gaps in our understanding of how the SHOS operated, what kinds of people were served (both their demographics and their diagnoses), and what treatments they were given.

Former curator Cheryl Gracey has been working since June 2005 to prepare the records for research use. Because of the sensitive nature of mental health records, even very old ones, several steps were taken to protect the privacy of the patients and their surviving family members. The project has involved listing the early records with assigned code numbers; photocopying all files; and removing personally identifiable information such as names, addresses (except state), birthdates (except year), and names of relatives. The copies will be available for research use; the originals will be retained as a restricted Museum collection.

The work so far has revealed that, as a set, the collection contains far more information than was originally thought, including:

- a. Personal information (name, address, age, etc.)
- b. Admission and discharge dates, diagnosis, outcome
- c. Background and description of present illness
- d. Past health history, including treatments
- e. Habits (esp. alcohol and tobacco)
- f. Sexual history and diseases
- g. Family health, especially mental health
- h. Physical exam, including osteopathic lesions
- i. Clinical exam (tests of blood, urine, etc.)
- j. Mental exam (delusions, hallucinations, memory, attention, speech, etc.)
- k. Case notes (usually brief)
- l. Discharged patient status as determined in a survey conducted in 1929

Because many individual records lack one or more parts of the standard information, research use of the records will necessarily focus on the aggregate.

We believe that study of these early records will provide insights into the operations of the Still-Hildreth Osteopathic Sanatorium and topics such as early osteopathic psychiatry (including possible connections between specific lesions and symptoms); American mental health attitudes; early 20th Century women's health; and social history from a period that encompassed World War I, the 1918 influenza epidemic, Prohibition, and the beginning of the Great Depression. Of particular interest, given present concern about a possible "bird flu" pandemic, are the many records with diagnoses of post-influenza psychosis and other suggested connections between influenza and mental illness.

Received at the same time as the Still-Hildreth Records was a small set of records from the office of Margaret Dennis Willard, Ed.D., chair of the KCOS Department of Psychology from 1967 to 1973. These records focus largely on plans to build a community mental health center for northeast Missouri, with small amounts of material relating to Dr. Willard's teaching and other responsibilities.

The Still-Hildreth Records and the Willard Papers are expected to be available for research use in late spring 2006. Researchers are advised to check with the curator prior to visiting the Museum.

¹ This work was partially funded by a grant from the Northeast Missouri Osteopathic Charitable Trust. Volunteer Jean Kenney and ATSU students Kylan Peterson and Warren Davidson provided valuable assistance.

² The SHOS, located in Macon, Missouri, was founded as a private business in 1914 by Charles and Harry Still and their close associate, Arthur Hildreth. It became part of the Kirksville College of Osteopathy and Surgery (now A.T. Still University) in 1965 and closed in 1968.

³ Remaining file cabinet labels suggested similar records from other years had already been destroyed.

The Museum is looking to complete the holdings in the collection and is in need of back issues of *The Cranial Letter/Cranial Academy* and the *AAO Journal*. If you have these and wish to donate them to the Museum, please contact us at 660.626.2359 or museum@atsu.edu.

MMVI: MARKING 10 YEARS OF FACILITY AND EXHIBIT GROWTH

The Museum will be celebrating a 10th anniversary this April; can anyone guess the occasion? It was a full decade ago that the Still National Osteopathic Museum became part of the Kirksville College of Osteopathic Medicine. Many things have changed; more accurately, many things have expanded – the size of the collection, the number of staff, our facilities, and especially our exhibit galleries. Quite frankly, one has to sometimes step back to realize how much we have grown.



Main Gallery 1995



Main Gallery 2005

For example, this autumn we will be developing a portion of the back gallery – the William L. Johnston Research Wing. The first phase or installation will examine the earliest generation of osteopathic researchers who had to break new ground and attempt to legitimize osteopathic medicine in the face of allopathic resistance. When we first moved into the Tinning Education Center 10 years ago, this rear portion of the then-main (and only) gallery served as the storage location for most of the Museum's artifact collection.

Other Museum facility and exhibit expansion over the past 10 years includes:

- acquired the National Center for Osteopathic History – more than tripling the size of its artifact collection (and subsequently built two collection storage areas)
- built six new offices and added several new full-time staff positions
- designed and built an almost-complete off-site workshop for exhibit production
- designed, fabricated, and maintained 12 major exhibits, as well as many more small (temporary) ones around the college campus

And these are only some of the major activities!

What's in store for 2006:

- **Winter & Spring: Anatomy Exhibit** – Originally scheduled to open last year, this extensive six-part exhibit will examine the origins and evolution of anatomical study in western culture and the subsequent development of the osteopathic approach to the body. The exhibit will include early anatomical drawings, textbooks, dissection tools, anatomical specimens, and our life-sized transparent mannequin named Ceres.
- **Medicinal Plant Garden** – We will be reconfiguring and installing two new sections of plantings, new catalogues, and miscellaneous related items. Next year (2007) should mark the final year of installations, thus completing the basic plan of the Garden started in 1999.
- **Summer** – Upgrading Heritage Hall exhibits: We will install new, upgraded interpretation, artifacts, and props inside the Still Birthplace Cabin and 1892 First School (ASO) Building.
- The aforementioned **Johnston Research Wing** – Starting in autumn in the rear gallery of the Museum.
- We plan to complete the **Museum exhibit workshop** this year, adding the final pieces of needed equipment – air compressor, planer, jointer, and router table.

The Mission of the Still National Osteopathic Museum is to collect, preserve, and make available artifacts and related materials to communicate the history and philosophy about the osteopathic principles of mind, body and spirit to a global audience

MEET OUR STAFF



Hoerrmann and Giacchi

Ferne Hoerrmann is the part-time curatorial assistant at the Museum Research Center. She is part of the Experience Works program with the federal government and has been with us since December. She is a native of the Kirksville/Green Castle area, where she and her family ran Hoerrmann's Truck and Auto and farmed. When not at work, she helps to deliver groceries to the elderly and low-income families and spends time with her children and grandchildren.

Catalin Giacchi is the office manager for the Still National Osteopathic Museum. When she is not at work, she attends classes at Moberly Area Community College, where she is studying nutrition and writing a cookbook in her spare time. She hails from Columbia, Mo., and is a recent newlywed.



Pipes

Elaine Pipes, part-time office assistant in the Museum, is the newest member of the team. With a long history in osteopathic medicine, Elaine is married to George Pipes, D.O., '76, and is well aware of the profession and the importance of osteopathy in the practice of medicine. Elaine and Dr. Pipes are the parents of two children: Lori and her husband, Greg, of Kirksville; and

Andy and his wife, Karen, of Ashland, Mo.; and the delighted grandparents of three granddaughters, Chloey, Anderson, and Lainie.

NEW ADDITION

Congratulations to Lisa (education coordinator) and Toby Christie-Perkins, MS II, on the birth of their son, Mason Kyle, born February 17, 2006. Mason weighed in at 7 lbs 7 oz, 22-1/2" in length.

RECENT DONATION



Dotty Sanning, Debra Loguda-Summers, Curator, and Amy Shaw with the Jefferson City Parks and Recreation Department, with window donated by Dr. William A. Ross and the Public Works Department of Jefferson City

CLEMENT AWARDED QUARTERLY EMPLOYEE EXCELLENCE



Clement

Congratulations to Rob Clement, Exhibits Preparator for being given the ATSU Quarterly Employee Excellence Award. For the past nine years Rob has worked at the Museum. Rob is very conscientious about the quality of the exhibits, environmental protection of the artifacts, and effective use of Museum space. Much of the Museum's professional look can be attributed to

Rob's skill and effort. The Museum staff agrees that this award recognition is well deserved by Rob.

MEMBER REGISTRATION

D.O.s, please include your school and graduation year.

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MUSEUM HOURS

**10 a.m. – 4 p.m. M-W, F • 10 a.m. – 7 p.m. Thurs.
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Closed on major holidays, during exhibit installations,
and for special campus events.

660.626.2359 • 660.626.2984 fax • museum@atsu.edu email

www.atsu.edu/museum

MUSEUM STAFF

Director Jason Haxton
Curator Debra Loguda-Summers
Exhibits Preparator Rob Clement
Education Coordinator Lisa Perkins
Office Manager Catalin Giacchi
Asst. Office Manager Elaine Pipes
Curatorial Asst. Ferne Hoerrmann

National Center for Osteopathic History



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